RECEIVED
CITY SECRETARY'S OFFICE

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

FORM COR-C/OH

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

DATE: 9/20/2010

TIME: 8:46 am

| | | | |
|---|---|---|---|
| 1 ACCOUNT # | | 2 Total pages filed: 9 | OFFICE USE ONLY |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: | FIRST: RICK | MI: A. |
| | NICKNAME: | LAST: BROWN | SUFFIX: |
| 4 ORIGINAL REPORT TYPE | ☐ January 15 ☐ July 15 ☐ 30th day before election ☒ 8th day before election | ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report | ☐ Other (specify) |
| 5 ORIGINAL PERIOD COVERED | Month Day Year: 4/1/10 | THROUGH Month Day Year: 4/28/10 | |

OFFICE USE ONLY:
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Legal | Totals
Date Processed
Date Imaged

6 EXPLANATION OF CORRECTION

ADDITIONAL INFO ON PURPOSE OF PAYMENT

3-30-10 CANDY TO HAND OUT DURING CAMPAIGN
4-8-10 UNITED STATES POST OFFICE
4-12-10 FLYERS
4-16-10 COOKIES NEIGHBORHOOD GATHERING REFRESHMENTS
4-7-10 PRINTING FLYERS

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

NOTARY PUBLIC STATE OF TEXAS
DORIS J. SPEER
Notary Public, State of Texas
My Commission Expires
June 22, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Rick A. Brown this the 20th day of September 20 10, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| | Doris J Speer | City Secretary |

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

Revised 09/01/2007

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed: 8

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST: Rick MI: A

NICKNAME LAST: Brown SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

13510 Country Ln
Tomball, TX 77375

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (281) PHONE NUMBER: 686-0412 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MRS) FIRST: Karen MI: R

NICKNAME LAST: Brown SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

13510 Country Ln Tomball, TX 77375

8 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 501-6282 EXTENSION

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 4 / 1 / 10 THROUGH Month Day Year: 4 / 28 / 10

11 ELECTION

ELECTION DATE Month Day Year: 5 / 8 / 10

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): City Council Pos. #3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name: None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH COVER SHEET PG 2**

**15 C/OH NAME** Rick A. Brown

**16 ACCOUNT #** (Ethics Commission Filers)

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED — $ 236.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) — $ 3056.00

* does not include "in kind" Contribution

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED — $ -0-

4. **TOTAL POLITICAL EXPENDITURES** — $ 2363.70

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD — $ 920.75

* includes $228.45 balance left on previous report

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD — $ -0-

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rick A. Brown

Signature of Candidate or Officeholder

DORIS J. SPEER
Notary Public, State of Texas
My Commission Expires
June 22, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rick A. Brown, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

| Doris J Speer | Doris J Speer | City Secretary |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-10-10 | J. Mottershaw M. Dermaux<br>2531 S. Cherry St Tomball, TX 77375 | 200.00 | |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-18-10 | Klint + Laura Warner<br>P.O. Box 1888 Tomball, TX 77377 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-11-10 | Pat Bailey<br>1319 Dove Trl. Tomball, TX 77375 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-11-10 | James McKinney<br>1306 Dove Trails Tomball, TX 77375 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-18-10 | Doug + Rilene Cobb<br>9203 Rolling Oaks Dr. Tomball, TX 77375 | 100.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

600

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-18-10 | Brian + Lyn Farrell<br>20411 Angeli Rd. Tomball, TX 77377 | 100.00 | (If travel outside of Texas, complete Schedule T) |

9 Principal occupation / Job title (See Instructions):
10 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-11-10 | Robin + Brady Dugas<br>18525 Horseshoe Trl. Magnolia, TX 77355 | 20.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):
Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-17-10 | Robin + Brady Dugas<br>18525 Horseshoe Trl. Magnolia, TX 77355 | 50.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):
Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-18-10 | John + Stefanni Lynch<br>14219 Carneswood Dr. Tomball, TX 77375 | 50.00 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions):
Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-10-10 | Steve + Patsy Vaughan<br>13322 Wildwood Tomball, TX 77375 | 500.00 | Crawfish party<br>(If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions): Retired Banker
Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

720
− 500 IN KIND

Revised 08/27/2009

#220

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: ) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-11-10 | Gretchen Fagan<br>1314 Pine Brook Tomball, TX 77375 | 75.00 | hot dogs - 100<br>buns - 60 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-27-10 | Ron Morgan<br>76116 Waldeck Cemetary Rd. Round Top TX 78954 | 1,000.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired owners

Employer (See Instructions): Westone

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| 4-27-10 | Mickey Morgan<br>76116 Waldeck Cemetary Rd Round Top TX 78954 | 1,000.00 | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Retired Owner

Employer (See Instructions): Westone

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (If applicable) |
|---|---|---|---|
| | | | |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

2075

Revised 08/07/2008

- 75 IN KIND

2000

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# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 3/30/10 | Klein's Super Market<br>1200 W. Main Tomball, TX 77375 | 90.67 |

8 Purpose of payment (See instructions regarding type of information required.): M&M's candy TO HAND OUT DURING CAMPAIGN

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/7/10 | Kwik Kopy Printing #555<br>1215-5 W. Main St. Tomball, TX 77375 | 14.42 |

Purpose of payment (See instructions regarding type of information required.): printing FLYERS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/8/10 | Tomball USPS UNITED STATES POST OFFICE<br>122 N. Holderrieth Tomball, TX 77375 | 35.00 |

Purpose of payment (See instructions regarding type of information required.): postage

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/12/10 | Kwik Kopy Printing #555<br>1215-5 W Main Tomball, TX 77375 | 12.13 |

Purpose of payment (See instructions regarding type of information required.): printing FLYERS

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/16/10 | Kroger<br>14060 FM 2920 Tomball, TX 77375 | 12 78 |

8 Purpose of payment (See instructions regarding type of information required.): REFRESHMENTS Cookies NEIGHBORHOOD GATHERING

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/1/10 | Tribune<br>517 W. Main St. Tomball, TX 77375 | 37 00 |

Purpose of payment (See instructions regarding type of information required.): ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/8/10 | Tribune<br>517 W. Main St. Tomball, TX 77375 | 357 50 |

Purpose of payment (See instructions regarding type of information required.): ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/13/10 | Tribune<br>517 W. Main St. Tomball, TX 77375 | 357 50 |

Purpose of payment (See instructions regarding type of information required.): ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

# POLITICAL EXPENDITURES

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Rick A. Brown

3 ACCOUNT # (Ethics Commission Use)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 4/8/10 | Tribune<br>517 W. Main St. Tomball, TX 77375 | 1,205.50 |

8 Purpose of payment (See instructions regarding type of information required.): ad

(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/21/10 | Tomball Potpourri<br>P.O. Box 256 Tomball, TX 77377 | 193.20 |

Purpose of payment (See instructions regarding type of information required.): ad

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 4/26/10 | Applebee's<br>27727 Tomball Pkwy Tomball, TX 77375 | 48.00 |

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN PLANNING SESSION

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**